

TITLE XIX  
State: VERMONT

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ITEM 16. Inpatient psychiatric facility services for individuals under 22 years of age. Provided: no limitations

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TN: 85-14

Supersedes TN: 83-10

Approval Date: 11-5-85

Effective Date: 7-1-85

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Vermont

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided:      With limitations

     Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

     Provided:      With limitations\*

X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

     Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

TN No. 94-26

Supersedes  
TN No. 94-11

Approval Date 2/21/95

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Revision: HCFA-PM-91-4 (BPD)  
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State/Territory: Vermont

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a eligible provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

23. Certified pediatric or family nurse practitioners' services.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. 91-12  
Supersedes 87-17 Approval Date 4/27/92 Effective Date 11/1/91

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Original

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- ITEM 20. Extended services to pregnant women: Personal care services, home visits, and health education are included as extended services to pregnant and postpartum women when prior authorized by the Title V agency as part of the Healthy Babies Program.
- ITEM 22. Respiratory care services: Provided to EPSDT eligible recipients only. Some services may require medical necessity review.
- ITEM 23. Pediatric or family nurse practitioners' services: Services are limited to those covered in the State Plan and as contained in protocols reviewed and accepted by the Vermont State Board of Nursing and the Vermont State Board of Medical Practice.

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Approval Date: 2/21/95

State/Territory: Vermont

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

\*Description provided on attachment.

TN No. 91-12

Supersedes

TN No. 88-10

Approval Date

4/27/92

Effective Date 11/1/91

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ITEM 24. ANY OTHER MEDICAL CARE AND ANY TYPE OF REMEDIAL CARE  
RECOGNIZED UNDER STATE LAW, SPECIFIED BY THE SECRETARY.

a. Transportation  
Ambulance

Ambulance service coverage is limited to:

- Medicare certified and participating ambulance providers;
- instances where other methods of transportation are medically contraindicated; and
- service is ordered by a physician or certified by the receiving facility physician as medically necessary;
- where the patient is transported to the nearest appropriate facility for admission or emergency outpatient treatment; or
- an inpatient is transported home from a hospital or nursing facility; or
- an inpatient is transported to another hospital and returned for specialized diagnostic or therapeutic services not available at the first hospital.

Prior authorization is required for coverage of ambulance service to an out-of-state hospital. Transport to a border hospital does not require prior authorization.

Mental Health Clinics

Transportation is provided to and from community mental health clinics for clinic services in instances where no other transportation is available.

Medical Services

Coverage for transportation to and from medical service providers is provided where no other means of transportation is available. See Attachment 3.1-D.

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11/5/92

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ITEM 24. ANY OTHER MEDICAL CARE AND ANY TYPE OF REMEDIAL CARE  
RECOGNIZED UNDER STATE LAW, SPECIFIED BY THE SECRETARY  
(continued)

a. Transportation (continued)

School Health Service Providers

Covered transportation services are limited to transportation beyond the scope routinely provided to all students. Coverage is provided for transportation to enable the student to reach a destination to receive medically related services for which the school is responsible, pursuant to an IEP/IFSP.

- b. Services of Christian Science nurses: not available in Vermont.
- c. Care and services provided in Christian Science Sanatoria: not available in Vermont.
- d. Nursing facility services for patients under 21 years of age: Rehabilitation Center services provided in nursing facilities located outside Vermont for the severely disabled such as head injured or ventilator dependent people require authorization prior to admission from the Medicaid Director or a designee. Coverage of this care is limited to one year.
- e. Emergency Hospital Services: Medicaid will cover services provided on an emergency basis by a hospital that does not participate in Medicare but services must be reviewed and approved prior to payment.
- f. Personal care services in a recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse: provided to EPSDT eligible recipients only. Some services may require medical necessity review.

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~~JUL 16~~ 1993

MAR 25 1993

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24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA'89):

Provided: ☐ No Limitations ☒ With Limitations\*

Services are limited to those covered in the State Plan and as contained in protocols reviewed and accepted by the Vermont State Board of Nursing and the Vermont State Board of Medical Practice.

\*Description provided on attachment.

TN No. 90-23  
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Approval Date NOV 1 1990 Effective Date 7/1/90



State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

\_\_\_\_\_ provided XX not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

X Provided: X State Approved (Not Physician) Service Plan Allowed  
X Services Outside the Home Also Allowed  
X Limitations Described on Attachment

\_\_\_\_ Not Provided.

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**ITEM 26. Personal Care Services**

Personal care services are defined as services related to a recipient's physical requirements, such as assistance with eating, bathing, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, and taking medications.

Personal care services are provided only to EPSDT eligible recipients under age 21 when they are determined to be medically necessary pursuant to §1905 (r)(5) of the Social Security Act.

Personal care services are not covered for recipients age 21 or older.

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